

Application #:	Permit #:	Date Received:
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COMMERCIAL BUILDING PLAN APPLICATION

Submit one application for each building or structure. Please print or type. All sections must be completed.

1	Project Address:		
2	Scope (check all that apply)	3	City/Village/Township:
		4	Parcel ID#:
	<input type="checkbox"/> New Strucural / Building	5	Subdivision:
	<input type="checkbox"/> Interior remodel		Lot #:
	<input type="checkbox"/> Addition	6	Is this project located within flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Electrical	7	Has this project been approved by the Floodplain Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Mechanical	8	Has this project been approved by the local Zoning Jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Plumbing	9	Has this project been approved by the Board of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Fire Sprinkler	10	Check all that apply: City Water? <input type="checkbox"/> Well? <input type="checkbox"/> Sewer? <input type="checkbox"/> Septic? <input type="checkbox"/>
	<input type="checkbox"/> Fire Alarm	11	Type of project <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Occupancy
	<input type="checkbox"/> Kitchen Hood Suppression	12	Cost of work covered by this application: \$
	<input type="checkbox"/> Other _____	13	Were these plans submitted as a result of an Adjudication Order? <input type="checkbox"/> Yes <input type="checkbox"/> No
14	Description of Project:		Has this project been submitted to the local Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Fire Department:
			Date:
15	Property Owner:		Attention/Contact:
	Address:	City:	State: Zip:
	Phone:	Email:	
16	Applicant:		Attention/Contact:
	Address:	City:	State: Zip:
	Phone:	Email:	
17	Registrant/Designer:		Attention/Contact:
	Name:	Ohio Registration Number:	
	Address:	City:	State: Zip:
	Phone:	Email:	
18	General Contractor:		Attention/Contact:
	Address:	City:	State: Zip:
	Phone:	Email:	

19	Area #1 Occupancy Classification:	Area #2 Occupancy Classification	Area #3 Occupancy Classification
Construction Type:		Construction Type:	Construction Type:
Area (sf):		Area (sf):	Area (sf):
Area #4 Occupancy Classification:	Area #5 Occupancy Classification	Area #6 Occupancy Classification	
Construction Type:		Construction Type:	
Area (sf):		Area (sf):	
20	# of Stories:	21	Building Height (ft):
22	# of Dwelling Units		
23	I hereby certify that I am the <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Ohio Building Code. The owner and the designer identified on the plans and construction documents shall be responsible for the design, structure, safety, and maintenance of the structure per the requirements of the Ohio Building Code. The approval of the submitted application, plans, construction documents or any notations thereon, and issuance of this certificate shall not excuse the owner from complying with all rules and laws of the State and County, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in connection with this application should be sent to my attention at the address provided above in box 15 or 16.		
Print Applicant/Owner Name		Applicant/Owner Signature	

THE AREA BELOW IS FOR OFFICIAL USE ONLY

24	Intake Person / Date: _____ / ____ / ____		
Amount Due:		Amount Paid:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check #:
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____	
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____	
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____	
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____	
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan recommended for approval <input type="checkbox"/> Yes		Signature _____	Date _____ / ____ / ____
Plan Submittal Approved by: _____			Date _____ / ____ / ____
Notes:			